

**IF YOU HAVE PARTICIPATED IN ADULT PRETRIAL INTERVENTION PREVIOUSLY YOU DO NOT QUALIFY. IF YOU HAVE PARTICIPATED IN JUVENILE PRETRIAL INTERVENTION YOU ARE ELIGIBLE TO APPLY.**

## **PRETRIAL INTERVENTION**

### **Program Requirements**

**TO BE ACCEPTED INTO THE PROGRAM YOU MUST AGREE TO THE FOLLOWING:**

- 1. Complete the application entirely. Incomplete applications will NOT be accepted.**
2. Furnish any and all information on the matter dealing with the pending charge against you, including any prior charges.
3. Make restitution to compensate the victim for any losses. (If applicable)
- 4. Pay \$100 (cashiers check or money order only) at the submission of your application. made payable to Pretrial Intervention**
- 5. Pay the \$250 (cashiers check money order only) participation fee upon being accepted into the program. Made payable to Pretrial Intervention**
6. Keep all appointments scheduled by the PTI personnel, this includes any programs or classes that you are required to attend.
7. No criminal activity upon approval or during participation of program.
8. Complete all assignments designated by the PTI Director.
- 9. Copy of Picture ID, and Social Security card**
- 10. IF YOU ARE REFERRED BY MUNICIPAL OR MAGISTRATE COURT, A COPY OF YOUR REFERRAL WITH THE JUDGES SIGNATURE MUST BE ATTACHED TO THE APPLICATION.**
- 11. Out of state applicants must submit the \$350.00 application and participation fees with your completed application.**

**ONCE YOU APPLY FOR P.T.I, IT CAN TAKE 6-8 WEEKS TO RECEIVE YOUR LETTER FOR ORIENTATION. PLEASE DO NOT CONTACT THIS OFFICE UNLESS THE 8 WEEK PERIOD HAS EXPIRED.**

**FOR FURTHER INFORMATION PLEASE CONTACT:**

**MAILING ADDRESS  
PO BOX 1880  
BLUFFTON, SC 29910**

**DIVERSION PROGRAMS  
SOLICITOR'S OFFICE  
843-779-8893  
843-705-7479**

**PHYSICAL ADDRESS  
102 RIBAUT ROAD  
BEAUFORT SC 29906**

**APPLYING FOR P.T.I. DOES NOT GUARANTEE ACCEPTANCE INTO P.T.I.**

## PRETRIAL INTERVENTION ASSESSMENT

LAST NAME \_\_\_\_\_, FIRST \_\_\_\_\_, MIDDLE \_\_\_\_\_, SUFFIX \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_, CITY \_\_\_\_\_,

STATE \_\_\_\_\_, ZIP CODE \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

MAIDEN NAME OR OTHER NAMES USED: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVERS LICENSE (STATE AND NUMBER): \_\_\_\_\_

CHECK ONE OF THE FOLLOWING:

☐ MARRIED  
☐ WIDOWED  
☐ DIVORCED  
☐ SEPARATED  
☐ NEVER MARRIED  
☐ LIVING WITH BOYFRIEND/GIRLFRIEND

CHECK ONE OF THE FOLLOWING:

☐ FULL TIME STUDENT  
☐ PART TIME STUDENT  
☐ NON STUDENT  
☐ GED

NUMBER OF YEARS COMPLETED IN HIGH SCHOOL \_\_\_\_\_; NUMBER OF YEARS IN COLLEGE \_\_\_\_\_

CHECK ONE OF THE FOLLOWING:

☐ EMPLOYED FULL TIME  
☐ EMPLOYED PART TIME  
☐ UNEMPLOYED  
☐ DISABLED  
☐ RETIRED  
☐ DSS

ARE YOU A WARD OF THE STATE (IN DSS CUSTODY)? \_\_\_\_\_

PERSONAL INCOME: \$ \_\_\_\_\_ Per Year TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_ Per Year

WHO REFERRED YOU TO PTI? \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ DATE OF ARREST: \_\_\_\_\_

WARRANT/TICKET #(S): \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

ARRESTING OFFICER: \_\_\_\_\_ ARRESTING AGENCY: \_\_\_\_\_

INDICTMENT NUMBER(S): \_\_\_\_\_

### RATIONALITY

PLEASE DESCRIBE IN YOUR OWN WORDS THE INCIDENT IN WHICH YOU GOT A TICKET/WARRANT FOR THE CRIME YOU ARE BEING ACCUSED OF. (THIS IS NOT AN ADMISSION OF GUILT)

---

---

---

DO YOU FEEL THAT YOU SHOULD HAVE BEEN ACCUSED OF/CHARGED WITH THIS CRIME? \_\_\_\_\_

IF NOT, EXPLAIN WHY: \_\_\_\_\_

---

WAS ANYONE ELSE ARRESTED? IF SO, PLEASE LIST NAMES: \_\_\_\_\_

---

WHERE YOU TAKEN TO THE DETENTION CENTER? \_\_\_\_\_

IF YES, DID YOU POST MONEY TO GET OUT OF JAIL? \_\_\_\_\_

IF SO, HOW MUCH? \$ \_\_\_\_\_

### FAMILY/SOCIAL

STATE NAME, RELATIONSHIP AND PHONE NUMBER OF SOMEONE TO CONTACT IF YOU CANNOT BE LOCATED: \_\_\_\_\_

---

WHO DO YOU LIVE WITH (STATE NAMES AND RELATIONSHIPS)? \_\_\_\_\_

---

DO YOU HAVE CHILDREN? \_\_\_\_\_ IF YES, LIST NAMES AND AGES: \_\_\_\_\_

---

### EDUCATION

DO YOU HAVE HIGH SCHOOL DIPLOMA OR GED? \_\_\_\_\_ YEAR: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

STATE FUTURE EDUCATION PLANS: \_\_\_\_\_

---

MEDICAL/HEALTH

DO YOU HAVE ANY MEDICAL PROBLEMS? \_\_\_\_\_

ARE YOU UNDER A DOCTORS CARE? \_\_\_\_\_

IF SO WHO IS DOCTOR? \_\_\_\_\_

STATE ANY MEDICATION PRESCRIBED: \_\_\_\_\_

HAVE YOU EVER BEEN IN ANY TYPE OF COUNSELING? \_\_\_\_\_

IF SO STATE CIRCUMSTANCES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU THINK THAT YOU NEED COUNSELING? \_\_\_\_\_

DO YOUR FRIENDS OR FAMILY THINK THAT YOU NEED COUNSELING? \_\_\_\_\_

IF SO EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT

PRESENT EMPLOYMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOW LONG AT THIS POSITION? \_\_\_\_\_

IF LESS THAN 6 MONTHS STATE PREVIOUS EMPLOYMENT: \_\_\_\_\_

\_\_\_\_\_

IF YOU HAVE ANY OTHER SOURCE OF INCOME PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOU ARE HEREBY NOTIFIED THAT A COMPLETE CRIMINAL  
HISTORY INVESTIGATION WILL BE CONDUCTED**

HAVE YOU EVER BEEN ARRESTED OR IN TROUBLE WITH THE LAW BEFORE THE  
INCIDENT FOR WHICH YOU ARE APPLYING FOR PTI? \_\_\_\_\_

IF YES WHAT WAS THE CHARGE, YEAR, AND DISPOSITION: \_\_\_\_\_

\_\_\_\_\_  
HAVE YOU BEEN ARRESTED OR IN TROUBLE WITH THE LAW SINCE THE INCIDENT  
FOR WHICH YOU ARE APPLYING FOR PTI? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
ARE YOU CURRENTLY UNDER INVESTIGATION FOR ANY CRIMINAL ACTIVITY AT  
THIS TIME? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
HAVE YOU EVER APPLIED TO OR PARTICIPATED IN A PRE-TRIAL INTERVENTION  
PROGRAM? \_\_\_\_\_

IF YES, WHERE AND WHEN: \_\_\_\_\_

\_\_\_\_\_  
I CERTIFY THAT ALL INFORMATION GIVEN DURING THIS INTERVIEW IS TRUE AND  
ACCURATE. I HAVE NO PREVIOUS ARRESTS, CONVICTIONS OR PENDING CHARGES  
OTHER THAN THOSE LISTED ABOVE. I UNDERSTAND THAT THE PTI OFFICE WILL  
CONDUCT A COMPLETE CRIMINAL HISTORY BACKGROUND CHECK.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_